

Please Direct All Correspondence to Customer Number 20995

REQUEST FOR CONTINUED EXAMINATION

Applicant : Remacle et al.
App. No : 09/817,014
Filed : March 23, 2001
For : IDENTIFICATION OF BIOLOGICAL
(MICRO)ORGANISMS BY DETECTION
OF THEIR HOMOLOGOUS
NUCLEOTIDE SEQUENCES ON
ARRAYS
Examiner : Calamita, Heather
Art Unit : 1637

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all
marked attachments are being deposited with
the United States Postal Service as first-class
mail in an envelope addressed to: Mail Stop:
RCE, Commissioner for Patents, P.O. Box
1450, Alexandria, VA 22313-1450, on

September 19, 2005

(Date)

Marina L. Gordey, Reg. No. 52,950

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

This Request for Continued Examination (RCE) is being made as follows:

1. Submission Required under 37 CFR 1.114:

- (X) Enclosed:
(X) Amendment/Reply in 15 pages.
(X) Information Disclosure Statement and PTO/SB/08 Equivalent in 2 total pages
(IDS and PTO/SB/08).
(X) (3) references enclosed.
(X) Return Postcard.

2. Miscellaneous:

- (X) Suspension of action on the above-identified application is requested under 37 CFR
§ 1.103(c) for a period of 3 months. (Period of suspension shall not exceed three
months).

1/22/2005 MBIZUNES 00000024 111410 09817014

1 FC:1801 790.00 OP

9/22/2005 MBIZUNES 00000024 111410 09817014

12 FC:1253 1020.00 OP
3 FC:1463 70.00 DA 130.00 OP

Adjustment date: 11/04/2005 AKELLEY

09/22/2005 MBIZUNES 00000024 09817014

01 FC:1801 -790.00 OP

Repln. Ref: 11/04/2005 AKELLEY 0015332400

DAH:111410 Name/Number:09817014

FC: 9204 \$790.00 CR

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3. Fees:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
RCE Fee		1801 (\$790)		\$790
Suspension of Action		1463 (\$130)		\$130
Total Claims	36 - 39 = 0	1202 (\$50)	0 x 50 =	\$0
Independent Claims	2 - 3 = 0	1201 (\$200)	0 x 200 =	\$0
Multiple Claim		1203 (\$360)		\$0
3 Month Extension		1253 (\$1,020)		\$1,020
			TOTAL FEE DUE	\$1,940

(X) An extension of time is hereby requested by payment of the appropriate fee indicated above.

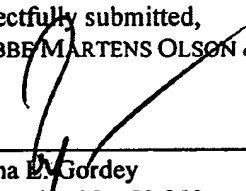
4. Payment:

(X) Check in the amount of \$1,940 to cover the above fees.

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Respectfully submitted,
KNOBBE MARTENS OLSON & BEAR LLP

Dated: September 19, 2005


Marina E. Gordey
Registration No. 52,950
Agent of Record
Customer No. 20,995
(805) 547-5580

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11-2-05</u>		2 Serial/Patent # <u>09/817,014</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing	1FW	9-21-05	\$ 790 ⁰⁰							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 790 ⁰⁰							
10 REASON:		8 TO BE REFUNDED BY:									
<input type="checkbox"/>	Overpayment	Treasury Check									
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr><td>1</td><td>1</td><td>--</td><td>1</td><td>4</td><td>1</td><td>0</td></tr> </table>			1	1	--	1	4	1	0
1	1	--	1	4	1	0					
<u>RCE (and fee) inappropriate</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Derek L. Woods</u>		TITLE: <u>Attorney</u>									
SIGNATURE: <u>Derek Woods</u>		PHONE: <u>2-3232</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>11/3/05</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: